

[illegible]

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/	/			
3		/	/			
4		/	/			
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48						
49						
50						
Total Indep	1		1			
Total Depend	17		15			
Total Claims	20		16			